

Opportunity Title:	American Recovery and Reinvestment Act of 2009, State G
Offering Agency:	Office of Public Health and Science
CFDA Number:	93.719
CFDA Description:	State Grants to Promote Health Information Technology
Opportunity Number:	EP-HIT-09-001
Competition ID:	EP-HIT-09-001-010534
Opportunity Open Date:	08/20/2009
Opportunity Close Date:	10/16/2009
Agency Contact:	Christopher.Muir@hhs.gov

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Application for Federal Assistance (SF-424)
HHS Certifications (08-2007)
Project Narrative Attachment Form
Budget Narrative Attachment Form
Budget Information for Non-Construction Program
Project Abstract Summary
Disclosure of Lobbying Activities (SF-LLL)

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Instructions

- 1 Enter a name for the application in the Application Filing Name field.**
 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**
 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3 Click the "Save & Submit" button to submit your application to Grants.gov.**
 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <div style="border: 1px solid black; height: 15px; width: 100%;"></div> * Other (Specify) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
* 3. Date Received: <div style="border: 1px solid black; padding: 2px;">10/15/2009</div>		4. Applicant Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>			
5a. Federal Entity Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>			* 5b. Federal Award Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
State Use Only:					
6. Date Received by State: <div style="border: 1px solid black; width: 80px;"></div>		7. State Application Identifier: <div style="border: 1px solid black; width: 200px;"></div>			
8. APPLICANT INFORMATION:					
* a. Legal Name: <div style="border: 1px solid black; padding: 2px;">State of Mississippi</div>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <div style="border: 1px solid black; padding: 2px;">646000766</div>			* c. Organizational DUNS: <div style="border: 1px solid black; padding: 2px;">019202949</div>		
d. Address:					
* Street1: <div style="border: 1px solid black; padding: 2px;">P.O. Box 139</div>					
Street2: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>					
* City: <div style="border: 1px solid black; padding: 2px;">Jackson</div>					
County: <div style="border: 1px solid black; padding: 2px;">Hinds</div>					
* State: <div style="border: 1px solid black; padding: 2px;">MS: Mississippi</div>					
Province: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>					
* Country: <div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div>					
* Zip / Postal Code: <div style="border: 1px solid black; padding: 2px;">39205</div>					
e. Organizational Unit:					
Department Name: <div style="border: 1px solid black; padding: 2px;">Office of the Governor</div>			Division Name: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <div style="border: 1px solid black; padding: 2px;">Mrs.</div>		* First Name: <div style="border: 1px solid black; padding: 2px;">Candice</div>			
Middle Name: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>					
* Last Name: <div style="border: 1px solid black; padding: 2px;">Whitfield</div>					
Suffix: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>					
Title: <div style="border: 1px solid black; padding: 2px;">Health Policy Advisor</div>					
Organizational Affiliation: <div style="border: 1px solid black; padding: 2px;">Office of Governor Haley Barbour</div>					
* Telephone Number: <div style="border: 1px solid black; padding: 2px;">601-576-2011</div>			Fax Number: <div style="border: 1px solid black; padding: 2px;">601-576-2791</div>		
* Email: <div style="border: 1px solid black; padding: 2px;">cwhitfield@governor.state.ms.us</div>					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Office of Public Health and Science

11. Catalog of Federal Domestic Assistance Number:

93.719

CFDA Title:

State Grants to Promote Health Information Technology

*** 12. Funding Opportunity Number:**

EP-HIT-09-001

* Title:

American Recovery and Reinvestment Act of 2009, State Grants to Promote Health Information Technology Planning and Implementation Projects

13. Competition Identification Number:

EP-HIT-09-001-010534

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

State of Mississippi

*** 15. Descriptive Title of Applicant's Project:**

Mississippi Health Information Network (M-HIN)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="10,387,000.00"/>
* b. Applicant	<input type="text" value="882,595.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="11,269,595.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

CERTIFICATIONS

OMB Approval No. 0990-0317

1. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The authorized official signing for the applicant organization certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The official signing agrees that the applicant organization will comply with the HHS terms and conditions of award if a grant is awarded as a result of this application.

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

HHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

Project Narrative File(s)

* Mandatory Project Narrative File Filename: Mississippi Health Information Network - Project Narra

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

Budget Narrative File(s)

*** Mandatory Budget Narrative Filename:** Mississippi Health Information Network - Budget Na

Add Mandatory Budget Narrative	Delete Mandatory Budget Narrative	View Mandatory Budget Narrative
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To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative	Delete Optional Budget Narrative	View Optional Budget Narrative
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Project Abstract Summary

Program Announcement (CFDA)

93.719

*** Program Announcement (Funding Opportunity Number)**

EP-HIT-09-001

*** Closing Date**

10/16/2009

*** Applicant Name**

State of Mississippi

*** Length of Proposed Project**

48

Application Control No.**Federal Share Requested (for each year)***** Federal Share 1st Year**

\$ 4,316,500

*** Federal Share 2nd Year**

\$ 3,338,179

*** Federal Share 3rd Year**

\$ 1,900,500

*** Federal Share 4th Year**

\$ 831,821

*** Federal Share 5th Year**

\$ 0

Non-Federal Share Requested (for each year)*** Non-Federal Share 1st Year**

\$ 0

*** Non-Federal Share 2nd Year**

\$ 333,821

*** Non-Federal Share 3rd Year**

\$ 271,500

*** Non-Federal Share 4th Year**

\$ 277,274

*** Non-Federal Share 5th Year**

\$ 0

*** Project Title**

Mississippi Health Information Network (M-HIN)

Project Abstract Summary

* Project Summary

Project Title: Mississippi Health Information Network (M-HIN)

State Included in the Application: Mississippi

Applicant Name: State of Mississippi

Address: PO Box 139 Jackson, MS 39205

Contact Name: Candice Whitfield

Contact Phone Numbers: 601-576-2011 (voice) 601-576-2791 (fax)

E-mail Address: cwhitfield@governor.state.ms.us

Congressional Districts: District 001 (Travis Childers), District 002 (Bennie Thompson), District 003, (Greg Harper), District 004 (Gene Taylor)

For the last two years, the Mississippi Health Information Infrastructure Task Force has been developing recommendations to present to the Governor on planning and implementation of a statewide HIE. The recommendations developed by the Task Force will be used to advance the strategic and operational plans. In addition, the Task Force was able to secure funding to implement a regional exchange on the Mississippi coast. The Mississippi Coastal Health Information Exchange (MSCHIE) is an exchange among participating coastal providers as well as a repository of health information that can be accessed and electronically transported and will serve to increase the adoption of HIE on the coast.

The goal of the M-HIN project is the formation of a statewide HIE focusing on integrating patient information and linking providers on an interoperable network to improve patient care and reduce costs. The objectives are: decreasing medical errors due to gaps in information between providers and providing a platform for improving chronic care management; 2) decreasing uncertainty among patients and increasing compliance; 3) decreasing duplication of services; 4) providing a central data repository containing a record similar to the Continuity of Care Records as defined by the HL-7 Clinical Document Architecture; 5) providing the patient with access to his or her own health records via a web-based portal; 6) providing bio-surveillance and syndromic surveillance systems; 7) enhancing the confidentiality and privacy of medical information and 8) improving coordination of care between hospitals, physicians and other healthcare providers.

Mississippi continually ranks in the bottom of the nation in most health outcome measures and has ranked among the lowest in studies of healthcare status in the United States. Mississippi also has a high rate of total mortality, including the highest rate of infant mortality, premature death, and death secondary to cardiovascular disease. There is a large population of children living in poverty in Mississippi compared to other states and an alarming prevalence of obesity and diabetes. It is imperative that the state provide physicians a better way to manage patient care and enhance the quality and reliability of healthcare delivery. The expected outcomes of the project include: reduction in healthcare costs, tracking of public health indicators, better health outcomes, reduction in chronic disease, higher incidence of prevention and wellness measures, reduction of staff spent on administration and improved compliance of the patient.

In the short-term the cooperative agreement funding will be used to assess the MSCHIE demonstration project. The state will evaluate the success of the project. In addition, the state will begin to review the most efficient way to conduct the environmental scan. The environmental scan is necessary in understanding the state's readiness for broad adoption of HIT and HIE. Work will begin with key stakeholders to develop strategies and a framework for a statewide HIE. A successful HIE must be constructed in a manner that benefits all relevant stakeholders and the state will provide a forum to identify mutual benefits and tie those to the greater good provided by a HIE. Stakeholders will be actively involved in developing both the strategic and operational plans. The long-term deliverable includes creating a framework and implementing the Mississippi Health Information Network.

* Estimated number of people to be served as a result of the award of this grant.

1120000

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name <input type="text" value="Office of Governor Haley Barbour"/> * Street 1 <input type="text" value="P.O. Box 139"/> Street 2 <input type="text"/> * City <input type="text" value="Jackson"/> State <input type="text" value="MS: Mississippi"/> Zip <input type="text" value="39205"/> Congressional District, if known: <input type="text" value="MS-002"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: <input type="text" value="Office of the National Coordinator"/>	7. * Federal Program Name/Description: <input type="text" value="State Grants to Promote Health Information Technology"/> CFDA Number, if applicable: <input type="text" value="93.719"/>	
8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text" value="10,387,000.00"/>	
10. a. Name and Address of Lobbying Registrant: Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
b. Individual Performing Services (including address if different from No. 10a) Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: <input type="text" value="Candice Whitfield"/> * Name: Prefix <input type="text" value="Mrs."/> * First Name <input type="text" value="Candice"/> Middle Name <input type="text"/> * Last Name <input type="text" value="Whitfield"/> Suffix <input type="text"/> Title: <input type="text" value="Health Policy Advisor"/> Telephone No.: <input type="text" value="601-576-2011"/> Date: <input type="text" value="10/15/2009"/>		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

CHECKLIST

OMB Approval No. 0920-0428

Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: ☒ NEW ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- | | Included | NOT Applicable |
|--|-------------------------------------|-------------------------------------|
| 1. Proper Signature and Date | <input checked="" type="checkbox"/> | |
| 2. Proper Signature and Date on PHS-5161-1 "Certifications" page. | <input checked="" type="checkbox"/> | |
| 3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) | <input checked="" type="checkbox"/> | |
| 4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690) | | |
| <input type="checkbox"/> Civil Rights Assurance (45 CFR 80) | | |
| <input type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) | | |
| <input type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) | | |
| <input type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) | | |
| 5. Human Subjects Certification, when applicable (45 CFR 46) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- | | YES | NOT Applicable |
|--|-------------------------------------|-------------------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) | <input checked="" type="checkbox"/> | |
| 3. Has the entire proposed project period been identified on the SF-424?..... | <input checked="" type="checkbox"/> | |
| 4. Have biographical sketch(es) with job description(s) been attached, when required?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? | <input checked="" type="checkbox"/> | |
| 6. Has the 12 month detailed budget been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. For a Supplemental application, does the detailed budget address only the additional funds requested? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Name: Prefix: * First Name: Middle Name:
 * Last Name: Suffix:
 Title:
 Organization:
 Address: * Street1:
 Street 2:
 * City:
 * State: Province:
 * Country: * Zip / Postal Code:
 * Telephone Number:
 E-mail Address:
 Fax Number:

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)

-

PART C (Continued): In the spaces provided below, please provide the requested information.

Program Director/Project Director/Principal Investigator designated to direct the proposed project

Name:	Prefix: <input type="text" value="Dr."/>	* First Name: <input type="text" value="Craig"/>	Middle Name: <input type="text"/>
	* Last Name: <input type="text" value="Orgeron"/>		Suffix: <input type="text" value="PhD"/>
Title:	<input type="text" value="Director, Strategic Service Division"/>		
Organization:	<input type="text" value="Mississippi Department of Information Technology Services"/>		
Address:	* Street1: <input type="text" value="301 North Lamar Street, Suite 508"/>		
	Street2: <input type="text"/>		
	* City: <input type="text" value="Jackson"/>		
	* State: <input type="text" value="MS: Mississippi"/>		Province: <input type="text"/>
	* Country: <input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code: <input type="text" value="39201-1495"/>
* Telephone Number:	<input type="text" value="601-359-2689"/>		
E-mail Address:	<input type="text" value="craig.orgeron@its.ms.gov"/>		
Fax Number:	<input type="text" value="601-354-6016"/>		
SOCIAL SECURITY NUMBER		HIGHEST DEGREE EARNED	
<input type="text"/>		<input type="text" value="PhD"/>	

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: * (Agency)

on * (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Mississippi Health Information Network (M-HIN) Year 1	93.719	\$	\$	\$ 4,316,500.00	\$	\$ 4,316,500.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 4,316,500.00	\$	\$ 4,316,500.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Mississippi Health Information Network (M-HIN) Year 1	(2) N/A	(3) N/A	(4) N/A	
a. Personnel	\$	\$ 150,000.00	\$ 0.00	\$	\$ 150,000.00
b. Fringe Benefits					
c. Travel		7,500.00	0.00		7,500.00
d. Equipment					
e. Supplies		5,000.00	0.00		5,000.00
f. Contractual		4,150,000.00	0.00		4,150,000.00
g. Construction					
h. Other		4,000.00	0.00		4,000.00
i. Total Direct Charges (sum of 6a-6h)		4,316,500.00	0.00		\$ 4,316,500.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$	\$ 4,316,500.00	\$ 0.00	\$	\$ 4,316,500.00
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Mississippi Health Information Network (M-HIN) Year 1	\$ 0.00	\$	\$	\$	0.00
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Mississippi Health Information Network (M-HIN)	\$ 4,316,500.00	\$ 3,338,179.00	\$ 1,900,500.00	\$ 831,821.00
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 4,316,500.00	\$ 3,338,179.00	\$ 1,900,500.00	\$ 831,821.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	
22. Indirect Charges:	
23. Remarks:	

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Candice Whitfield</p>	<p>* TITLE</p> <p>Health Policy Advisor</p>
<p>* APPLICANT ORGANIZATION</p> <p>State of Mississippi</p>	<p>* DATE SUBMITTED</p> <p>10/15/2009</p>